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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF NEW JERSEY	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your pictu exan	e the name that is on government-issued ire identification (for nple, your driver's ise or passport).	William First name T. Middle name	First name Middle name
	Bring iden	g your picture tification to your ting with the trustee.	TORPPEY Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		other names you have d in the last 8 years		
		ide your married or den names.		
3.	your num Indiv	the last 4 digits of Social Security ober or federal vidual Taxpayer tification number	xxx-xx-1039	

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Debtor 1 William T. TORPPEY Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs. Business name(s) EIN	☐ I have not used any business name or EINs. Business name(s) EIN
5.	Where you live	172 Fairmount Avenue	If Debtor 2 lives at a different address:
		Chatham, NJ 07928 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
	Morris County		Causti
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Page 3 of 61 Document William T. TORPPEY Debtor 1 Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case 7. Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 8. How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ☐ No. bankruptcy within the last 8 years? Yes. When District Newark, NJ 12/16/19 Case number 19-33278 District When 10/24/18 Case number Newark, NJ 18-31178 District See Attachment When Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you When District Case number, if known Debtor Relationship to you District When Case number, if known

11. Do you rent your residence?

■ No.

Go to line 12

☐ Yes.

Has your landlord obtained an eviction judgment against you?

☐ No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of

this bankruptcy petition.

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		0030 22 111		0 000	Document Page 4 of 61
Deb	tor 1	William T. TORPP	EY		Case number (if known)
	_				
Par	t 3: R	Report About Any Bu	sinesses	You Own a	as a Sole Proprietor
		ou a sole proprietor			<u> </u>
12.		full- or part-time	■ No.	Go to P	Part 4.
	A 2010	proprietorabio in a	☐ Yes.	Name a	and location of business
	busine an ind separa as a c	proprietorship is a ess you operate as ividual, and is not a ate legal entity such orporation, ership, or LLC.		Name o	of business, if any
	If you sole p	have more than one roprietorship, use a late sheet and attach		Numbe	r, Street, City, State & ZIP Code
		is petition.		Check	the appropriate box to describe your business:
					Health Care Business (as defined in 11 U.S.C. § 101(27A))
					Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
					Stockbroker (as defined in 11 U.S.C. § 101(53A))
					Commodity Broker (as defined in 11 U.S.C. § 101(6))
					None of the above
13.	Chapt Bankr are you debto	ou filing under ter 11 of the cuptcy Code, and ou a small business or or a debtor as ed by 11 U.S.C. §	proceed you are o	under Subo choosing to v statement	er Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to chapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, t, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C.
	For a	definition of small	■ No.	I am no	ot filing under Chapter 11.
		ess debtor, see 11 . § 101(51D).	□ No.	I am fili Code.	ng under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy
			☐ Yes.		ng under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and t choose to proceed under Subchapter V of Chapter 11.
			☐ Yes.		ng under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I to proceed under Subchapter V of Chapter 11.
Par	t 4: R	Report if You Own or	Have Any	/ Hazardou	s Property or Any Property That Needs Immediate Attention
14.		u own or have any	■ No.		
		rty that poses or is d to pose a threat	☐ Yes.		
	of imr identi public	ninent and fiable hazard to c health or safety? you own any	— 100.	What is th	e hazard?
	prope	rty that needs diate attention?			ate attention is why is it needed?
		ample, do you own able goods, or			

Number, Street, City, State & Zip Code

Where is the property?

livestock that must be fed,

or a building that needs urgent repairs?

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William T. TORPPEY Debtor 1 Case number (if known)

15. Tell the court whether you have received a

Part 5:

briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 William T. TORPP	EY		Case numbe	(if known)
Part	6: Answer These Quest	ions for Re	porting Purposes		
16.	What kind of debts do you have?			consumer debts? Consumer debts are define sonal, family, or household purpose."	ned in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
				ousiness debts? Business debts are debts estment or through the operation of the business	
			☐ No. Go to line 16c.		
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you	owe that are not consumer debts or busines	s debts
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapte	er 7. Go to line 18.	
	Do you estimate that after any exempt			Do you estimate that after any exempt propvailable to distribute to unsecured creditors?	erty is excluded and administrative expenses
	property is excluded and administrative expenses are paid that funds will		□ No		
			□ Yes		
	be available for distribution to unsecured creditors?		- 100		
18.	How many Creditors do	■ 1-49		☐ 1,000-5,000	☐ 25,001-50,000
	you estimate that you owe?	☐ 50-99		5 001-10,000	5 0,001-100,000
	owe:	□ 100-19 □ 200-99		□ 10,001-25,000	☐ More than100,000
19.	How much do you estimate your assets to	□ \$0 - \$5	•	■ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	be worth?		1 - \$100,000 01 - \$500,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion
			01 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion
20.	How much do you	□ \$0 - \$5		□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	estimate your liabilities to be?		01 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion
			01 - \$500,000 01 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion
Part	7: Sign Below		· · ·		
	you	I have exa	mined this petition, and I de	eclare under penalty of perjury that the inform	nation provided is true and correct.
				7, I am aware that I may proceed, if eligible, relief available under each chapter, and I ch	
				not pay or agree to pay someone who is no he notice required by 11 U.S.C. § 342(b).	t an attorney to help me fill out this
		I request i	elief in accordance with the	chapter of title 11, United States Code, spec	cified in this petition.
		bankrupto and 3571.	y case can result in fines up	t, concealing property, or obtaining money of to \$250,000, or imprisonment for up to 20 y	or property by fraud in connection with a rears, or both. 18 U.S.C. §§ 152, 1341, 1519,
		William	m T. TORPPEY T. TORPPEY of Debtor 1	Signature of Debto	r 2
		Executed	on February 11, 2022 MM / DD / YYYY	Executed on	/ DD / YYYY
			IVIIVI / DD / TTTT	IVIIVI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

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Debtor 1 William T. TORPPEY Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ JOHN A. LIPOWSKI, ESQ.	(JAL-5713)	Date	February 11, 2022
Signature of Attorney for Debtor			MM / DD / YYYY
JOHN A. LIPOWSKI, ESQ. (JA	AL-5713)		
John A. Lipowski			
60 Washington St.			
PO Box 204			
Morristown, NJ 07963-0204			
Number, Street, City, State & ZIP Code			
Contact phone 973-540-9127	Ema	ail address	jal1001@aol.com
(JAL-5713) NJ			
Par number 9 Ctate			

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Debtor 1 William T. TORPPEY Case number (if known)

Fill in this info	rmation to identify your	case:		
Debtor 1	William T. TORPF	PEY		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	DISTRICT OF NEW JEF	RSEY	
Case number				☐ Check if this is an amended filing

FORM 101. VOLUNTARY PETITION

Prior Bankruptcy Cases Filed Attachment

District	Case Number	Date Filed
Newark, NJ	19-33278	12/16/19
Newark, NJ	18-31178	10/24/18
Newark, NJ	15-11949	2/14/15

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Fill in this infor	mation to identify your	case:		
Debtor 1	William T. TORPF	PEY		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERS	EY	
Case number				
(if known)				Check if this is ar amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Pa	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	1,250,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	2,070.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	1,252,070.0
Pa	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	863,022.6
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.0
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	108,864.5
	Your total liabilities	\$	971,887.22
Pa	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	9,743.3
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	8,925.1
Pa	Answer These Questions for Administrative and Statistical Records		
ô.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sc	hedules.
7.	■ Yes What kind of debt do you have?		

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Debtor 1 William T. TORPPEY Case number (if known)

3. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$______9,633.33

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) 	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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				Doc	ument	Page 11 of 6	1				
Fill i	n this inform	ation to identify	your case and th	is filin	g:						
Debt	tor 1	William T T	DDDEV								
Deni	ioi i	William T. TO		Name		Last Name					
Debt	tor 2										
	ise, if filing)	First Name	Middle	Name		Last Name					
Unita	ad States Ran	kruptcy Court for	the: DISTRICT	OF NE	N IERSEV						
Ornic	ed States Dan	Kruptcy Court for	uie. District	OI NE	W JEROET						
Case	e number										Check if this is an
											amended filing
Ott	::-:-!	400 A /D									
<u>Oii</u>	iciai For	<u>m 106A/B</u>	 								
Sc	hedule	e A/B: Pr	operty								12/15
think inforn	it fits best. Be nation. If more er every questi	as complete and a space is needed, a ion.	iccurate as possibl attach a separate sl	e. If two neet to t	married peop his form. On the	an asset fits in more t le are filing together, l he top of any addition wn or Have an Interes	both are of al pages,	equally resp	onsible for s	upply	ing correct
1 Do	vou own or ha	ave any legal or eg	uitable interest in a	ny rocir	lence building	g, land, or similar prop	erty?				
1. DO	you own or na	ive any legal of eq	untable interest in a	ny resid	ience, bunding	g, ianu, or sinnar prop	ertyr				
	No. Go to Part 2	2.									
	Yes. Where is	the property?									
1.1				Wha	t is the proper	ty? Check all that apply					
	172 Fairmo	ount Avenue		******							
-		available, or other desc	cription	•	Single-family						or exemptions. Put ims on Schedule D:
						ulti-unit building					ecured by Property.
					Condominiur	n or cooperative					
					Manufacture	d or mobile home					
	Chatham	NJ	07928-0000	П	Land			Current va entire prop			rrent value of the ortion you own?
-	City	State	ZIP Code		Investment p	roperty			0,000.00	•	\$1,250,000.00
	•				Timeshare	,		B			
					Other						ownership interest by the entireties, or
				Who	has an interes	st in the property? Che	ck one	à life estate	e), if known.	,	
					Debtor 1 only	/		owner w	ith wife		
	Morris				Debtor 2 only	/					
	County				Debtor 1 and	Debtor 2 only		Charle	if this is se		ite managete
					At least one	of the debtors and anoth	her		tructions)	nmun	ity property
				Othe	r information	you wish to add about	this item	, such as lo	cal		
				prop	erty identificat	tion number:					
						from Part 1, includi					\$1,250,000.00
ķ	pages you ha	ve attached for I	Part 1. Write that	numbe	er nere				=>		Ψ1,200,000.00
Part	2: Describe Y	our Vehicles									
						whether they are re Executory Contracts				rehicle	es you own that
3. C a	ars, vans, trud	cks, tractors, sp	ort utility vehicle	s, moto	orcycles						
	No										
_											
	Yes										

Official Form 106A/B Schedule A/B: Property page 1

Entered 02/14/22 19:46:50 Case 22-11166-JKS Doc 1 Filed 02/14/22 Desc Main Page 12 of 61 Document William T. TORPPEY Debtor 1 Case number (if known) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$0.00 pages you have attached for Part 2. Write that number here...... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No ■ Yes. Describe..... three bed room sets, living room furniture, dining room furniture, \$500.00 chairs, dressers, lamps 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games □ No Yes. Describe..... four televisions, three computers \$200.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe.....

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

■ Yes. Describe.....

\$100.00

wearing apparel

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Debtor 1	William T. TORPPEY	Case number (if kn	own)
	copper bracelet		\$20.00
Exam ■ No	arm animals apples: Dogs, cats, birds, horses . Describe		
■ No	ther personal and household items you did . Give specific information	I not already list, including any health aids you did not li	st
15. Add		Part 3, including any entries for pages you have attached	d \$820.00
Part 4: Do	escribe Your Financial Assets		
	wn or have any legal or equitable interest i	n any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
■ No	oples: Money you have in your wallet, in your h	ome, in a safe deposit box, and on hand when you file your	petition
Exam □ No	sits of money sples: Checking, savings, or other financial account institutions. If you have multiple account	counts; certificates of deposit; shares in credit unions, broken is with the same institution, list each. Institution name:	age houses, and other similar
	17.1. checking	JPMorgan Chase Bank	\$1,250.00
Exam ■ No	s, mutual funds, or publicly traded stocks uples: Bond funds, investment accounts with be		
	ublicly traded stock and interests in incorport venture	porated and unincorporated businesses, including an in	terest in an LLC, partnership, and
	. Give specific information about them	% of ownership:	
Nego Non-i ■ No	negotiable instruments are those you cannot tree. Give specific information about them	otiable and non-negotiable instruments ishiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them.	
Exam ■ No		403(b), thrift savings accounts, or other pension or profit-sha	aring plans
☐ Yes	List each account separately. Type of account:	Institution name:	

Official Form 106A/B Schedule A/B: Property page 3

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De	ibion william i. I Of	XFFE I	Case Hullibel (II kriowii)	
		repayments deposits you have made so that you may continu rith landlords, prepaid rent, public utilities (electric		es, or others
	☐ Yes	Institution nam	e or individual:	
23.	Annuities (A contract for a ■ No	a periodic payment of money to you, either for life	e or for a number of years)	
		er name and description.		
	26 U.S.C. §§ 530(b)(1), 52	IRA, in an account in a qualified ABLE progra 9A(b), and 529(b)(1).	am, or under a qualified state tuition pro	gram.
	■ No □ Yes Insti	tution name and description. Separately file the re	ecords of any interests.11 U.S.C. § 521(c):	
		re interests in property (other than anything li	sted in line 1), and rights or powers exe	cisable for your benefit
	■ No □ Yes. Give specific infor	mation about them		
		lemarks, trade secrets, and other intellectual pin names, websites, proceeds from royalties and		
	☐ Yes. Give specific inform	mation about them		
	Examples: Building permi	d other general intangibles its, exclusive licenses, cooperative association ho	oldings, liquor licenses, professional license	es
	■ No □ Yes. Give specific inform	mation about them		
Mc	oney or property owed to	you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	Tax refunds owed to you	ı		·
	■ No □ Yes. Give specific inform	nation about them, including whether you already	filed the returns and the tax years	
	Family support Examples: Past due or lui No Yes. Give specific inform	mp sum alimony, spousal support, child support,	maintenance, divorce settlement, property	settlement
	L Tes. Give specific inform			
	benefits; unpa	e owes you i, disability insurance payments, disability benefits aid loans you made to someone else	s, sick pay, vacation pay, workers' compen	sation, Social Security
	■ No □ Yes. Give specific inform	mation		
	Interests in insurance poetamples: Health, disabil □ No	Dicies ity, or life insurance; health savings account (HS <i>i</i>	A); credit, homeowner's, or renter's insuran	ce
		ee company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
		wife has a term life insurance policy f	or	
		\$400,000 at work (no present cash surrender value)	debtor	\$0.00

Official Form 106A/B Schedule A/B: Property page 4

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Deb	tor 1	William T. TORPPEY	g	Case number (if known)	
_	If you a	erest in property that is due you from someone who has tree the beneficiary of a living trust, expect proceeds from a lifting has died.		are currently entitled to recei	ive property because
	Yes.	Give specific information			
_		against third parties, whether or not you have filed a law les: Accidents, employment disputes, insurance claims, or right		and for payment	
	Yes.	Describe each claim			
_	No	ontingent and unliquidated claims of every nature, inclu	ding counterclaims o	of the debtor and rights to	set off claims
	☑ Yes.	Describe each claim			
_	Any fin I No	ancial assets you did not already list			
_		Give specific information			
36.		ne dollar value of all of your entries from Part 4, includin rt 4. Write that number here			\$1,250.00
Part	5: Des	scribe Any Business-Related Property You Own or Have an Inter	est In. List any real esta	ite in Part 1.	
=	No. Go	wn or have any legal or equitable interest in any business-relate to Part 6. o to line 38.	ed property?		
Part		scribe Any Farm- and Commercial Fishing-Related Property You own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. I	_ `	own or have any legal or equitable interest in any farm-	or commercial fishin	g-related property?	
	_	Go to Part 7.			
	☐ Yes.	Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
	Examp	have other property of any kind you did not already list? les: Season tickets, country club membership	,		
	No Yes.	Give specific information			
54.	Add t	ne dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$1,250,000.00
56.	Part 2	: Total vehicles, line 5	\$0.00		
57.		: Total personal and household items, line 15	\$820.00		
58.		: Total financial assets, line 36	\$1,250.00		
59.		: Total business-related property, line 45	\$0.00		
60.		: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$2,070.00	Copy personal property to	tal \$2,070.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$1,252,070.00

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Debtor 1 William T. TORPPEY Case number (if known)

Schedule A/B: Property

Official Form 106A/B

page 6

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Fill in this infor					
Debtor 1	William T. TORPF	PEY			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERS	SEY		
Case number (if known)					☐ Check if this is an
					amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)									
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)								
2.	For any property you list on Schedule A/B	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.								
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own			Specific laws that allow exemption					
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.						
	172 Fairmount Avenue Chatham, NJ 07928 Morris County	\$1,250,000.00	\$25,150.00		11 U.S.C. § 522(d)(1)					
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit						
	three bed room sets, living room	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)					
	furniture, dining room furniture, chairs, dressers, lamps Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit						
	four televisions, three computers Line from Schedule A/B: 7.1	\$200.00		\$200.00	11 U.S.C. § 522(d)(3)					
	Line Ironi Schedule AVB. 1.1			100% of fair market value, up to any applicable statutory limit						
	wearing apparel Line from Schedule A/B: 11.1	\$100.00		\$100.00	11 U.S.C. § 522(d)(3)					
	Line Ironi Schedule AVB. 11.1			100% of fair market value, up to any applicable statutory limit						
	copper bracelet Line from Schedule A/B: 12.1	\$20.00		\$20.00	11 U.S.C. § 522(d)(4)					
ا	LINE HOTH Scriedule AVB. 12.1			100% of fair market value, up to any applicable statutory limit						

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Debtor	1 Wil	liam T. TORPPEY	Case number (if known)	
	•	laiming a homestead exemption of more than \$170,350? adjustment on 4/01/22 and every 3 years after that for cases filed on or	after the date of adjustment.)	
	Yes.	Did you acquire the property covered by the exemption within 1,215 day	s before you filed this case?	
		Yes		

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			Document	Page 19	of 61		
Fill i	n this inform	ation to identify you	ır case:				
Debt	or 1	William T. TORI	PPEY				
		First Name	Middle Name	Last Name		-	
Debt (Spou	or 2 se if, filing)	First Name	Middle Name	Last Name			
Unite	ed States Ban	kruptcy Court for the:	DISTRICT OF NEW JERSEY				
	e number						
(if kno	wn)					_	if this is an
						ameno	led filing
Offi	cial Form	106D					
			Who Have Claims	Sacurad	by Proport	.	12/15
<u> </u>	iedule i	D. Creditors	WIID Have Claims	<u>Secureu</u>	by Propert	<u>y</u>	12/13
numb 1. Do	er (if known). any creditors h	nave claims secured by	, , , ,				me and case
L	→ No. Check	this box and submit t	his form to the court with your other	schedules. You	u nave notning else t	o report on this form.	
	Yes. Fill in	all of the information	below.				
Part	1: List All	Secured Claims					
for ea	ach claim. If mo	ore than one creditor has	more than one secured claim, list the cre is a particular claim, list the other creditors ical order according to the creditor's name	s in Part 2. As	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1	Borough o	f Chatham	Describe the property that secures t	he claim:	\$2,759.00	\$1,250,000.00	\$0.00
	Creditor's Name		172 Fairmount Avenue Chat 07928 Morris County	ham, NJ			
	54 Fairmou	unt Avenue N.I 07928	As of the date you file, the claim is:	Check all that			
		City, State & Zip Code	☐ Contingent ☐ Unliquidated				
	rvamber, otreet,	ony, state a zip sode	☐ Disputed				
Who	owes the deb	ot? Check one.	Nature of lien. Check all that apply.				
\square D	ebtor 1 only		☐ An agreement you made (such as r	mortgage or secu	red		
	ebtor 2 only		car loan)				
	ebtor 1 and Deb	otor 2 only	■ Statutory lien (such as tax lien, med	chanic's lien)			
■ A	t least one of the	e debtors and another	☐ Judgment lien from a lawsuit				
Пс	heck if this cla	im relates to a	Other (including a right to offset)				

community debt

Date debt was incurred

Last 4 digits of account number

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Debtor 1 William T. TORPPEY		Case number (if known)		
First Name Middle N	lame Last Name			
2.2 Internal Revenue Service	Describe the property that secures the claim:	\$8,064.58	\$1,250,000.00	\$0.00
Creditor's Name	172 Fairmount Avenue Chatham, NJ 07928 Morris County	00,004.30	\$1,230,000.00	\$0.00
PO Box 7346	As of the date you file, the claim is: Check all that			
Philadelphia, PA	apply.			
19101-7346	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or sec	cured		
Debtor 2 only	car loan)			
☐ Debtor 1 and Debtor 2 only	■ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	☐ Other (including a right to offset)			
April 7, Date debt was incurred 2021	Last 4 digits of account number			
2.3 Internal Revenue Service	Describe the property that secures the claim:	\$2,199.06	\$1,250,000.00	\$0.00
Creditor's Name	172 Fairmount Avenue Chatham, NJ 07928 Morris County			
PO Box 7346 Philadelphia, PA	As of the date you file, the claim is: Check all that			
19101-7346	apply. □ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	☐ An agreement you made (such as mortgage or sec car loan)	cured		
☐ Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
March 8, Date debt was incurred 2021	Last 4 digits of account number			
US Bank Nat'l Trust/SN		\$850,000.00	\$1,250,000.00	\$0.00
Servicing Creditor's Name	Describe the property that secures the claim:	Ψ630,000.00	\$1,230,000.00	φυ.υυ
Attn. Friedman Vartolo, LLP	172 Fairmount Avenue Chatham, NJ 07928 Morris County			
85 Broad Street, Suite 501	As of the date you file, the claim is: Check all that apply.			
New York, NY 10004	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or sec car loan)	cured		
Debtor 2 only	'			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
■ At least one of the debtors and another ☐ Check if this claim relates to a				
community debt	Other (including a right to offset) mortgage			
Date debt was incurred 1997	Last 4 digits of account number			

Official Form 106D

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Debtor 1	William T. TC	DRPPEY		Case number (if known)			
	First Name	Middle Name	Last Name				
If this is	•	ur entries in Column A on our form, add the dollar va	this page. Write that number h llue totals from all pages.	\$863,022.64 \$863,022.64			
Part 2:	List Others to B	e Notified for a Debt Th	nat You Already Listed				
rying to han one	collect from you fo creditor for any of	or a debt you owe to some	one else, list the creditor in Par	t that you already listed in Part 1. For example, if a collection agency is t 1, and then list the collection agency here. Similarly, if you have more litors here. If you do not have additional persons to be notified for any			
J 2	Name, Number, Stre John Venutolo 25 Hughes Plac Summit, NJ 079			On which line in Part 1 did you enter the creditor?			
3	Name, Number, Stre SN Servicing C 325 Fifth Street Eureka, CA 955			On which line in Part 1 did you enter the creditor?			

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		Document	Page 2	22 of 61		
Fill in this info	ormation to identify your	case:				
Debtor 1	William T. TORPF	DEV				
DODIOI 1	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the:	DISTRICT OF NEW JERSE	ΕY			
Case number						check if this is an
,						mended filing
					-	3
	<u>rm 106E/F</u>					
<u>Schedule</u>	E/F: Creditors W	ho Have Unsecure	ed Claims			12/15
Schedule G: Exe Schedule D: Cre left. Attach the C name and case	ecutory Contracts and Unexp ditors Who Have Claims Sec Continuation Page to this pag number (if known).	that could result in a claim. Al ired Leases (Official Form 1060 ured by Property. If more space je. If you have no information to	G). Do not include is needed, copy	e any creditors with partially	secured claims number the en	that are listed in tries in the boxes on the
	t All of Your PRIORITY Ur					
_ `	ditors have priority unsecure	d ciaims against you?				
■ No. Go t	o Part 2.					
☐ Yes.						
Part 2: List	t All of Your NONPRIORIT	Y Unsecured Claims				
☐ No. You ☐ Yes. 4. List all of y unsecured of	our nonpriority unsecured cl	art. Submit this form to the court value. aims in the alphabetical order of y for each claim. For each claim list the other creditors in Part 3.If y	of the creditor what sted, identify what	no holds each claim. If a credittype of claim it is. Do not list c	laims already inc	cluded in Part 1. If more
Part 2.	sultor riolus a particular ciairii, i	ist the other creditors in rait 5.if y	ou have more the	an tinee nonphonty unsecured t	ciaims iii out me	Continuation rage of
						Total claim
	al One Bank (USA), N.	A. Last 4 digits of	account number	·		\$5,268.03
Attn.	ority Creditor's Name Bankruptcy Departme ox 30285	nt When was the d	debt incurred?	about 2005		-
Salt L	_ake City, UT 84130-02 or Street City State Zip Code		ou file, the clain	is: Check all that apply		
Who in	ncurred the debt? Check one.					
Deb	otor 1 only	☐ Contingent				
☐ Deb	otor 2 only	☐ Unliquidated				
☐ Deb	otor 1 and Debtor 2 only	☐ Disputed				
☐ At le	east one of the debtors and an	other Type of NONPR	RIORITY unsecur	ed claim:		
	eck if this claim is for a com	•				
debt	claim subject to offset?	Obligations a report as priority		paration agreement or divorce t	hat you did not	
Is the t	Jann Subject to onset?			ing plans, and other similar deb	nte	
		· ·	•	01	7.5	
☐ Yes	3	Other. Specif	consumer consumer	purcnases		-

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William T TORPPEY

Case number (if known)

1 WIIIIAM I. TORPPEY	Case number (if known)						
Credit One Bank	Last 4 digits of account number	\$647.00					
Nonpriority Creditor's Name PO Box 60500 City Of Industry, CA 91716-0500	When was the debt incurred? 2019						
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
Who incurred the debt? Check one.							
Debtor 1 only	☐ Contingent						
Debtor 2 only	☐ Unliquidated						
☐ Debtor 1 and Debtor 2 only	☐ Disputed						
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
☐ Check if this claim is for a community debt	☐ Student loans						
Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts						
Yes	Other. Specify consumer purchases						
First Premier Bank	Last 4 digits of account number	\$664.00					
Nonpriority Creditor's Name		·					
PO Box 5147 Sioux Falls, SD 57117-5147	When was the debt incurred? 2020						
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
Who incurred the debt? Check one.							
Debtor 1 only	☐ Contingent						
Debtor 2 only	☐ Unliquidated						
☐ Debtor 1 and Debtor 2 only	☐ Disputed						
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
☐ Check if this claim is for a community	☐ Student loans						
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not						
No	report as priority claims Debts to pension or profit-sharing plans, and other similar debts						
☐ Yes	■ Other. Specify consumer purchases						
Monogram Credit Card Nonpriority Creditor's Name	Last 4 digits of account number	\$1,393.47					
Selip & Stylianou 10 Forest Avenue PO Box 914	When was the debt incurred? about 2004						
Paramus, NJ 07653-0914	_						
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply						
Who incurred the debt? Check one.	_						
Debtor 1 only	Contingent						
Debtor 2 only	Unliquidated						
Debtor 1 and Debtor 2 only	Disputed						
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:						
☐ Check if this claim is for a community debt	☐ Student loans						
ls the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims						
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts						
☐ Yes	■ Other. Specify consumer purchases						
— 100	- Other, Specify Combanion Parollages						

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Deptor	1 William I	I. IORPPEY		Case no	Imper (if known)	
4.5	Navient	Pr. J. M.	Last 4 digits of account number			\$100,000.00
	PO Box 950	00	When was the debt incurred?	from	2000 to 2004	_
		re, PA 18773 City State Zip Code	As of the date you file, the claim	is: Check	call that apply	
		the debt? Check one.	no or are date you me, are claim	10. 011001	t all triat apply	
	Debtor 1 or	nly	☐ Contingent			
	Debtor 2 or	nly	☐ Unliquidated			
	Debtor 1 an	nd Debtor 2 only	Disputed			
		e of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if th	is claim is for a community	☐ Student loans			
	debt Is the claim su	ubject to offset?	Obligations arising out of a sepreport as priority claims	aration ag	reement or divorce that you did not	
	■ No		Debts to pension or profit-shari	ng plans,	and other similar debts	
	☐ Yes		■ Other. Specify student loa	an		_
4.6		CR Partners	Last 4 digits of account number			\$892.08
	Nonpriority Cre		When we the debt in some 10	2004		
	Ragan & Ragan	2 138 West	When was the debt incurred?	2004		_
	Belmar, NJ Number Street	City State Zip Code	As of the date you file, the claim	is: Check	call that apply	
	Who incurred	the debt? Check one.	-			
	■ Debtor 1 or	nly	☐ Contingent			
	Debtor 2 or	nly	☐ Unliquidated			
	Debtor 1 an	nd Debtor 2 only	☐ Disputed			
	☐ At least one	e of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if th	is claim is for a community	☐ Student loans			
	debt Is the claim su	ubject to offset?	Obligations arising out of a sepreport as priority claims	aration ag	reement or divorce that you did not	
	■ No		Debts to pension or profit-sharing	ng plans,	and other similar debts	
	☐ Yes		■ Other. Specify consumer	purcha	ises	
Part 3:	List Othor	s to Be Notified About a Debt	That You Already Listed			
			out your bankruptcy, for a debt that	vou alrea	dv listed in Parts 1 or 2. For exan	nple, if a collection agency
is tryi have i	ng to collect from	om you for a debt you owe to som	eone else, list the original creditor in you listed in Parts 1 or 2, list the add	n Parts 1	or 2, then list the collection agen	cy here. Similarly, if you
Part 4:	Add the A	mounts for Each Type of Uns	ecured Claim			
	the amounts of of unsecured cl		s. This information is for statistical	reporting	purposes only. 28 U.S.C. §159. A	dd the amounts for each
					Total Claim	
Total	6a.	Domestic support obligations		6a.	\$	0
claims from Pa	art 1 6b.	Taxes and certain other debts	ou owe the government	6b.	\$ 0.0	0
	6c.	Claims for death or personal in	jury while you were intoxicated	6c.	\$ 0.0	
	6d.	Other. Add all other priority unser	cured claims. Write that amount here.	6d.	\$ 0.0	0
	6e.	Total Priority. Add lines 6a throu	gh 6d.	6e.	\$0.0	0
					Total Claim	
	6f.	Student loans		6f.	\$ 0.0	0
Total claims						_
from Pa	art 2 6g.		paration agreement or divorce that	60	\$ 0.0	0
	6h.	you did not report as priority of Debts to pension or profit-shar	aims ing plans, and other similar debts	6g. 6h.	\$ 0.0	

6i. Other. Add all other nonpriority unsecured claims. Write that amount

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Debtor 1 William T. TORPPEY Case number (if known)

here. 108,864.58

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ **108,864.58**

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Fill in this infor	mation to identify your	case:		
Debtor 1	William T. TORPF	PEY		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JEF	RSEY	
Case number				
(if known)				☐ Check if this is:
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	Name, Number	whom you have the street, City, State and ZIF	e contract or lease Code	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	_

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Fill in th	nis information to identify your			
Debtor 1	William T. TORPF	PEY		
Debtor 2	First Name	Middle Name	Last Name	
(Spouse if,		First Name Middle Name Last Name		
United S	States Bankruptcy Court for the:	DISTRICT OF NEW JER	SEY	
Case nu	ımber			
(if known)				☐ Check if this is an amended filing
	al Form 106H			
Sche	edule H: Your Cod	ebtors		12/15
eople a ill it out our nar	re filing together, both are equ	ally responsible for suppl boxes on the left. Attach . Answer every question.	ying correct informatio the Additional Page to	complete and accurate as possible. If two married in. If more space is needed, copy the Additional Page, this page. On the top of any Additional Pages, write is a codebtor.
	• •			
Y	'es			
	Vithin the last 8 years, have you cona, California, Idaho, Louisiana			? (Community property states and territories include gton, and Wisconsin.)
_	No. Go to line 3. 'es. Did your spouse, former spo	use, or legal equivalent live	with you at the time?	
in li For	ne 2 again as a codebtor only i	f that person is a guarant	or or cosigner. Make su	your spouse is filing with you. List the person shown ure you have listed the creditor on Schedule D (Official G). Use Schedule D, Schedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and Z	P Code		Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.1	Donna Torppey			■ Schedule D, line 2.3
	172 Fairmount Avenue Chatham, NJ 07928			☐ Schedule E/F, line
	Onamain, 140 07 520			☐ Schedule G Internal Revenue Service
				internal Revenue Service
0.0	D T			_
3.2	Donna Torppey 172 Fairmount Avenue			Schedule D, line 2.2
	Chatham, NJ 07928			☐ Schedule E/F, line
				Internal Revenue Service
3.3	Donna Torppey			■ Schedule D, line 2.1
	172 Fairmount Avenue Chatham, NJ 07928			☐ Schedule E/F, line
	,			☐ Schedule G Borough of Chatham
				Dorough or Chamain

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Debtor 1	William T. TORPPEY	Case number (if known)					
	Additional Page to List More Codebtors						
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt Check all schedules that apply:					
3.4	Donna Torppey 172 Fairmount Avenue Chatham, NJ 07928	■ Schedule D, line2.4 □ Schedule E/F, line □ Schedule G US Bank Nat'l Trust/SN Servicing					

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						_			
	in this information to identify your of								
Del	btor 1 William T. T	ORPPEY							
	btor 2				_				
Uni	ited States Bankruptcy Court for the	e: DISTRICT OF NEW J	ERSEY						
	se number nown)					Check if this is: An amende A supplement income	ed filing ent showin	g postpetition ollowing date:	chapter
0	fficial Form 106I					MM / DD/ Y	YYY		
S	chedule I: Your Inc	ome							12/15
atta	chase. If you are separated and you chase separate sheet to this form. Telescribe Employment Fill in your employment information.					I case number (if	known). <i>A</i>		
	If you have more than one job,		■ Employed				■ Employed		
	attach a separate page with information about additional employers.	Employment status	☐ Not employed				☐ Not employed		
		Occupation				finance)		
	Include part-time, seasonal, or self-employed work.	Employer's name				State S	treet Fur	nd	
	Occupation may include student or homemaker, if it applies.	Employer's address					oute 208 wn, NJ 0		
		How long employed t	here?			<u>1</u>	5 years		
Pai	Give Details About Mo	nthly Income							
	imate monthly income as of the cuse unless you are separated.	ate you file this form. If	you have nothing t	o report for	any	line, write \$0 in the	space. In	clude your noi	n-filing
	ou or your non-filing spouse have m e space, attach a separate sheet to		ombine the informa	ition for all	empl	oyers for that perso	on on the li	nes below. If	you need
						For Debtor 1		btor 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	0.00	\$	0.00	
3.	Estimate and list monthly over	time pay.		3.	+\$	0.00	+\$	0.00	
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$	0.00	\$	0.00	

Official Form 106l Schedule I: Your Income page 1

Debt	or 1	William T. TORPPEY	_	Case	e number (<i>if known</i>)				
				Fo	r Debtor 1		or Debtor 2 o		
	Cor	by line 4 here	4.	\$	0.00	no \$	n-filing spo	0.00	
	ООР	y line 4 nere	٦.	Ψ_	0.00	Ψ_		0.00	
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$		0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$_		0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$_		0.00	
	5e.	Insurance	5e.	\$_	0.00	\$_		0.00	
	5f.	Domestic support obligations	5f.	\$_ \$	0.00	\$_		0.00	
	5g. 5h.	Union dues Other deductions. Specify:	5g. 5h.+		0.00	+ \$ ⁻		0.00	
^			_			_			
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	0.00	\$_		0.00	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	\$_		0.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
		monthly net income.	8a.	\$	0.00	\$		0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive	İ	_		_			
		Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_	0.00	\$_		0.00	
	8d.	Unemployment compensation	8d.	\$_	0.00	\$_		0.00	
	8e.	Social Security	8e.	\$_	1,460.00	\$_		0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$		0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$		0.00	
	8h.	Other monthly income. Specify: disability income from employer	8h.+	\$	0.00	+ \$ _	8,28	33.33	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,460.00	\$_	8,2	283.33	3
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		1,460.00 + \$_	8	,283.33 =	\$	9,743.33
11.	Inclu othe Do r	te all other regular contributions to the expenses that you list in <i>Schedule</i> ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	r depen				Schedule J.	-\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certallies					12. \$	ombin	9,743.33
10	.						_		income
13.		you expect an increase or decrease within the year after you file this form							
		Yes. Explain:							

Fill	in this informa	ition to identify yo	our case:					
Deb		William T. T				Chec	ck if this is:	
			<u> </u>				An amended filing	
	tor 2 buse, if filing)						A supplement show 13 expenses as of	ving postpetition chapter the following date:
` '	, 0,					-		
Unit	ed States Bankr	ruptcy Court for the	: DISTRI	CT OF NEW JERSEY			MM / DD / YYYY	
1	e number							
(IT KI	nown)							
Of	ficial Fo	rm 106J				•		
		J: Your	Exner	2021				12/15
				ISCS If two married people ar	e filing together, b	oth are equ	ally responsible fo	
info	rmation. If m		eded, atta	ch another sheet to this				
Par		ribe Your House	ehold					
1.	Is this a joir							
	No. Go to							
	_		ın a separ	ate household?				
	□N	-	st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of Deb	tor 2.	
_								
2.	•	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relate Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents							☐ Yes
								□ No
							_	☐ Yes
								□ No □ Yes
								☐ Yes
								☐ Yes
3.		oenses include		No				_ 100
		f people other t d your depende	han 🗖	Yes				
	<u> </u>							
		ate Your Ongoi		y Expenses uptcy filing date unless y	ou are using this f	orm as a su	nnlement in a Cha	inter 13 case to report
exp				y is filed. If this is a supp				
Incl	ude expense	s paid for with	non-cash	government assistance i	f you know			
			d have inc	luded it on Schedule I: \	our Income		Your expe	enses
(On	icial Form 10	וטו.)					Tour exp	
4.				ses for your residence.	nclude first mortgag			2.046.42
	payments ar	nd any rent for th	e ground o	r lot.		4. \$	·	2,916.13
	If not include	led in line 4:						
	4a. Real e	estate taxes				4a. \$	·	0.00
		rty, homeowner's				4b. \$		0.00
		maintenance, re owner's associa		ipkeep expenses		4c. \$ 4d. \$		200.00
5.				our residence, such as ho	me equity loans	5. \$		0.00 0.00

. \$. \$	900.00 100.00 310.00 0.00 1,100.00 100.00 150.00 0.00 0.00 0.00 0.00
. \$ = = = = = = = = = = = = = = = = = =	100.00 310.00 0.00 1,100.00 100.00 150.00 0.00 0.00 0.00 0.00
. \$. \$	310.00 0.00 1,100.00 100.00 150.00 0.00 500.00 0.00 0.
	0.00 1,100.00 0.00 150.00 500.00 0.00 0.00 0.00
. \$. \$	1,100.00
. \$. \$	1,100.00
. \$. \$	0.00 100.00 150.00 0.00 500.00 0.00 0.00
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. \$ \$ \$ \$ \$ \$ \$	150.00 0.00 500.00 0.00 0.00 0.00 150.00
. \$	0.00 500.00 0.00 0.00 0.00 150.00 0.00
. \$	500.00 0.00 0.00 0.00 0.00 150.00
. \$	0.00 0.00 0.00 0.00 150.00 0.00
. \$	0.00 0.00 0.00 0.00 150.00 0.00
. \$. \$. \$. \$	0.00 0.00 0.00 150.00 0.00
. \$	0.00 0.00 150.00 0.00
. \$. \$. \$	0.00 150.00 0.00
. \$. \$. \$	0.00 150.00 0.00
. \$. \$. \$	0.00 150.00 0.00
. \$. \$	150.00 0.00
. \$	0.00
·	
. \$	0.00
. \$	0.00
. \$	499.00
. \$	0.00
. \$	0.00
. \$	0.00
· •	0.00
. \$	0.00
\$	0.00
	0.00
our Income.	
. \$	0.00
. \$	0.00
. \$	
· <u> </u>	0.00
. \$	0.00
. \$	0.00
. +\$	2,000.00
•	0.005.40
\$	8,925.13
\$	
\$	8,925.13
•	
¥.	9,743.33
·	8,925.13
·	
·	040.00
\$	818.20
\$	or decrease because
	is form?

expenses are approximately \$2,000 per month.

Car is in wife's name.

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Elli to dita to fac					
	rmation to identify your				
Debtor 1	William T. TORPF First Name	PEY Middle Name	Last Name		
Debtor 2	i list Name	Wilder Name	Lastivame		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	ankruptcy Court for the:	DISTRICT OF NEW JERS	EY		
Case number					
(if known)					eck if this is an ended filing
If two married p You must file th obtaining mone years, or both.	people are filing together his form whenever you fi by or property by fraud in 18 U.S.C. §§ 152, 1341, 1	n connection with a bankru	ible for supplying corre		
Sig	gn Below				
Did you pa	ay or agree to pay some	one who is NOT an attorne	y to help you fill out ba	ankruptcy forms?	
■ No					
☐ Yes.	Name of person			Attach Bankruptcy Petitior Declaration, and Signature	
	alty of perjury, I declare re true and correct.	that I have read the summa	ary and schedules filed	l with this declaration and	
X /s/ Wi	lliam T. TORPPEY		X		
	m T. TORPPEY ure of Debtor 1		Signature of D	Debtor 2	
Date	February 11, 2022		Date		

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								_		
Filli	in this inforn	nation to identify you	ır case:							
Deb	tor 1	William T. TORI	PPEY					7		
		First Name		dle Name		Last Name				
	otor 2 use if, filing)	First Name	Mid	dle Name		Last Name				
Unit	ed States Bar	nkruptcy Court for the	DISTRI	CT OF NEW JER	RSEY					
0										
(if kno	e number							_	heck if this is an mended filing	
Off	ficial Fo	rm 107								
			Affairs	for Indivi	dual	s Filing for B	ankrupto	: y	4/	/19
infor	mation. If m		, attach a se			ng together, both are rm. On the top of an				
Part	Give D	etails About Your M	arital Status	s and Where Yo	u Lived	Before				
1.	What is your	current marital stat	us?							
	■ Married									
	□ Not mar	ried								
2.	During the la	ast 3 years, have you	lived anyw	here other than	where	you live now?				
	■ No									
	☐ Yes. Lis	t all of the places you	lived in the I	ast 3 years. Do n	ot inclu	de where you live now	٧.			
	Debtor 1 Pr	ior Address:		Dates Debtor 1 lived there		Debtor 2 Prior Ac	ldress:		Dates Debtor 2 lived there	
						uivalent in a commun New Mexico, Puerto R				rty
	■ No □ Yes. Ma	ike sure you fill out <i>Sc</i>	hedule H: Y	our Codebtors (C	Official F	Form 106H).				
Part	t 2 Explai	n the Sources of You	ır Income							
	Did ba								.dan	
	Fill in the tota	I amount of income yo	ou received t	from all jobs and	all busi	isiness during this you nesses, including part ther, list it only once ur	-time activities.	previous calen	idar years?	
	■ No □ Yes. Fill	in the details.								
			Debtor 1				Debtor 2			
			Sources	of income that apply.	(be	oss income fore deductions and lusions)	Sources of Check all tha		Gross income (before deductions and exclusions)	
						,			/	

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Case number (if known)

5.	Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filling a joint case and you have income that you received together, list it only once under Debtor 1.													
	List	each	source and	the gross inco	ome from e	each source sepa	arately. D	o not include income	that you listed in li	ne 4.				
		No												
	Yes. Fill in the details.													
					Debtor 1	1			Debtor 2					
						of income	eac (be	oss income from ch source fore deductions and clusions)	Sources of inc Describe below		Gross income (before deductions and exclusions)			
				Social S Benefit	Security s		\$2,750.00							
For last calendar year: (January 1 to December 31, 2021)				r 31, 2021)	Social S Benefit	Security s		\$15,600.00						
				Social S Benefit	Security s		\$15,400.00							
 List Certain Payments You Made Before You Filed for Bankruptcy 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred be individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments attorney for this bankruptcy case. 									ne total amount you nd alimony. Also, do					
	Cre	editor	's Name ar	nd Address		Dates of payi	ment	Total amount paid	Amount you still owe	Was this p	ayment for			
7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider.													
	Insider's Name and Address				Dates of payment		Total amount	Amount you	Reason fo	r this payment				
								paid	still owe					

Debtor 1 William T. TORPPEY

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Case number (if known)

8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.												
	■ No												
	Yes. List all payments to an insider												
	Insider's Name and Address	Dates of payment	Total amount	Amount you	Reason for th								
			paid	still owe	Include credito	r's name							
Par	t 4: Identify Legal Actions, Repossessio	ns, and Foreclosures											
9.	Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.												
	□ No												
	Yes. Fill in the details.												
	Case title Case number	Nature of the case	Court or agency		Status of the case								
	MTGLQ Investors, LP vs Torppey MRS-F-7575-17	foreclosure suit	Superior Court of New Jersey Chancery Division, Morris County PO Box 910 Morristown, NJ 07963-0910		☐ Pending ☐ On appeal ☐ Concluded								
	Check all that apply and fill in the details belo ■ No. Go to line 11. □ Yes. Fill in the information below. Creditor Name and Address	Describe the Property	Date										
		Explain what happene	ed			property							
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details.												
	Creditor Name and Address	Describe the action the creditor took			Date action was Amount taken								
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a No Yes		perty in the possession	on of an assigne	e for the benefit	t of creditors, a							
Par	t 5: List Certain Gifts and Contributions												
			4	- C									
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No												
	Yes. Fill in the details for each gift.												
	Gifts with a total value of more than \$600 per person	Describe the gifts	3	Date: the g	s you gave ifts	Value							
	Parson to Whom You Gave the Gift and												

Address:

Debtor 1 William T. TORPPEY

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Deb	otor 1 William T. TORPPEY		Case number	(if known)	
14.	Within 2 years before you filed for bankru ■ No	ptcy,	did you give any gifts or contributions with a total	al value of more than	\$600 to any charity?
	☐ Yes. Fill in the details for each gift or cor	ntribut	ion.		
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	tal	Describe what you contributed	Dates you contributed	Value
Part	t 6: List Certain Losses				
	Within 1 year before you filed for bankrupt or gambling?	tcy or	since you filed for bankruptcy, did you lose any	thing because of the	t, fire, other disaster
	■ No □ Yes. Fill in the details.				
		Dogori	ibo any incurance severage for the loca	Data of your	Value of property
	how the loss occurred	nclude	ibe any insurance coverage for the loss the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Part			, ,		
	NoYes. Fill in the details.Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was	Amount of payment
	Email or website address Person Who Made the Payment, if Not Yo	u		made	
	Cons. Edu. Serv. d/b/a Start Fresh Today 3700 Barrett Drive Raleigh, NC 27609		credit counseling services	February 9, 2022	\$25.00
	John A. Lipowski 60 Washington St. PO Box 204 Morristown, NJ 07963-0204 jal1001@aol.com		attorney fees	February 11, 2022	\$4,700.00
	Within 1 year before you filed for bankrupt promised to help you deal with your credit Do not include any payment or transfer that y	tors o		or transfer any prope	rty to anyone who
	■ No □ Yes. Fill in the details.				
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment

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Debtor 1 William T. TORPPEY

Case number (if known)

18.	Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busin Include both outright transfers and transfers made include gifts and transfers that you have already list No Yes. Fill in the details.	ness or financial affa as security (such as the	irs? he granting of a se		
	Person Who Received Transfer Address Person's relationship to you	Description and vo		Describe any property or payments received or debts paid in exchange	Date transfer was made
	reison's relationship to you				
19.	Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protect No Yes. Fill in the details.		y property to a s	elf-settled trust or similar device	e of which you are a
	Name of trust	Description and va	alue of the prope	arty transferred	Date Transfer was
	Numb of trust	beson phon and v	and of the prope	orty transferred	made
Par	tt 8: List of Certain Financial Accounts, Instru	ments, Safe Deposit	Boxes, and Stor	rage Units	
20.	Within 1 year before you filed for bankruptcy, w sold, moved, or transferred?	•			,
	Include checking, savings, money market, or of houses, pension funds, cooperatives, associati				lit unions, brokerage
	Yes. Fill in the details.				
		st 4 digits of count number	Type of accountinstrument	nt or Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 year cash, or other valuables?	before you filed for	bankruptcy, any	safe deposit box or other depo	sitory for securities,
	■ No □ Yes. Fill in the details.				
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, St State and ZIP Code)		Describe the contents	Do you still have it?
22.	Have you stored property in a storage unit or pl	lace other than your	home within 1 ye	ear before you filed for bankrup	tcy?
	■ No □ Yes. Fill in the details.				
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, St State and ZIP Code)		Describe the contents	Do you still have it?
Par	t 9: Identify Property You Hold or Control for	Someone Else			
23.	Do you hold or control any property that someofor someone.	one else owns? Inclu	ide any property	you borrowed from, are storing	for, or hold in trust
	■ No □ Yes. Fill in the details.				
		When is the man			Value
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, St Code)		Describe the property	Value
Par	tt 10: Give Details About Environmental Informa	ation			
For	the purpose of Part 10, the following definitions	apply:			
	Environmental law means any federal, state, or	local statute or regu	lation concernin	ng pollution, contamination, rele	ases of hazardous or

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

page 5

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toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

Debtor 1 William T. TORPPEY

Case number (if known)

	regulations controlling the cleanup of these	Substances, wastes, or material.		
	Site means any location, facility, or property to own, operate, or utilize it, including dispo		w, whether you now own, operate,	or utilize it or used
	Hazardous material means anything an envihazardous material, pollutant, contaminant,		waste, hazardous substance, toxic	substance,
Rep	ort all notices, releases, and proceedings tha	at you know about, regardless of when	they occurred.	
24.	Has any governmental unit notified you that	you may be liable or potentially liable u	under or in violation of an environm	ental law?
	■ No			
	Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of	any release of hazardous material?		
	■ No			
	Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or adm	ninistrative proceeding under any enviro	onmental law? Include settlements	and orders.
	■ No □ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	11: Give Details About Your Business or 0	Connections to Any Business		
27	Within 4 years before you filed for bankrupto	ry did you own a business or have any	of the following connections to an	/ husiness?
	☐ A sole proprietor or self-employed in	• •	· ·	y buomicoo.
	☐ A member of a limited liability comp.		-	
	☐ A partner in a partnership	, (,	(==: /	
	☐ An officer, director, or managing exe	ecutive of a corporation		
	☐ An owner of at least 5% of the voting	or equity securities of a corporation		
	■ No. None of the above applies. Go to P	art 12.		
	☐ Yes. Check all that apply above and fill			
	Business Name	Describe the nature of the business	Employer Identification numbe	r
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security	number or ITIN.
		·	Dates business existed	
28.	Within 2 years before you filed for bankruptoinstitutions, creditors, or other parties.	cy, did you give a financial statement to	anyone about your business? Incl	ude all financial
	■ No			
	Yes. Fill in the details below.			
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued		

Part 12: Sign Below

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are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ William T. TORPPEY

William T. TORPPEY

Signature of Debtor 2

Signature of Debtor 1

Date February 11, 2022

Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this inform	nation to identify your case:
Debtor 1	William T. TORPPEY
Debtor 2 (Spouse, if filing)	
United States B	Sankruptcy Court for the: District of New Jersey
Case number (if known)	

Ch	eck	as directed in lines 17 and 21:
		ording to the calculations required by this ement:
		1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
		2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
		3. The commitment period is 3 years.
		4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any

additional pages, write your name and case number (if known). Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both

				Column Debtor 1		Columnon-fili	
Your gross wages, salary, tips, bonuses, overtime payroll deductions).	, and co	mmissio	ons (before all	\$	0.00	\$	0.00
 Alimony and maintenance payments. Do not include Column B is filled in. 	e payme	ents from	a spouse if	\$	0.00	\$	0.00
All amounts from any source which are regularly p of you or your dependents, including child suppor from an unmarried partner, members of your househo and roommates. Do not include payments from a spot you listed on line 3.	t. Includ ld, your	e regulai depende	contributions nts, parents,	\$	0.00	\$	0.00
 Net income from operating a business, profession, or farm 	Debtor	1					
Gross receipts (before all deductions)	\$	0.00					
Ordinary and necessary operating expenses	-\$_	0.00					
Net monthly income from a business, profession, or fa	ırm \$ _	0.00	Copy here ->	\$	0.00	\$	0.00
. Net income from rental and other real property	Debtor	1					
Gross receipts (before all deductions)	\$	0.00					
Ordinary and necessary operating expenses	-\$_	0.00					
Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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William T. TORPPEY Debtor 1 Case number (if known) Column A Column B Debtor 2 or Debtor 1 non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you_____ For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. social security 0.00 disability 0.00 8,283.33 Total amounts from separate pages, if any. 0.00 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 1,350.00 8,283.33 9,633.33 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 9,633.33 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 9,633.33 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 9,633.33 15a. Copy line 14 here=>

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Debtor 1	William T. TORPPEY	Case number (if known)	
	Multiply line 15a by 12 (the number of months in a year).	x 12	
15	b. The result is your current monthly income for the year for this pa	strt of the form. \$ 115,599.9	<u>6</u>

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William T. TORPPEY Debtor 1 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. 2 16b. Fill in the number of people in your household. 88.511.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). 17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. \$ 9,633.33 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. \$ 9,633.33 19b. Subtract line 19a from line 18. 20. Calculate your current monthly income for the year. Follow these steps: 9,633.33 20a. Copy line 19b Multiply by 12 (the number of months in a year). x 12 115,599.96 20b. The result is your current monthly income for the year for this part of the form 88,511.00 20c. Copy the median family income for your state and size of household from line 16c 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ William T. TORPPEY William T. TORPPEY Signature of Debtor 1 Date February 11, 2022 MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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					_			
Fill in	this information to i	dentify your case:						
Debto	r 1 William T	. TORPPEY						
Debto	r 2							
	se, if filing)							
United	l States Bankruptcy C	ourt for the: Distric	ct of New Jersey					
Case (if kno	number wn)				ļ	☐ Check if this	is an amende	d filing
	I Form 122C-2 pter 13 Calo	culation of	Your Disp	osable Ir	ncome			04/19
To fill (- out this form, you wi itment Period (Offici	II need your compl al Form 122C-1).	eted copy of <i>Chap</i>	oter 13 Stateme	ent of Your Current	•		on of
space	complete and accura is needed, attach a s nal pages, write you	eparate sheet to th	nis form, Include tl	he line number				
Part 1	Calculate Your	Deductions from \	our Income					
the	Internal Revenue So questions in lines 6- ormation may also be	·15. To find the IRS	standards, go on	line using the l				
exp	duct the expense amo enses if they are high C–1, and do not dedu	er than the standard	s. Do not include ai	ny operating exp	penses that you sub	tracted from inco		
If yo	our expenses differ fro	m month to month, e	enter the average e	expense.				
Not	e: Line numbers 1-4 a	re not used in this fo	orm. These number	rs apply to inforn	nation required by a	similar form use	d in chapter 7 ca	ses.
5.	The number of peo	ple used in determ	ining your deduct	tions from inco	me			
	Fill in the number of plus the number of a the number of people	ny additional depen-	dents whom you su				2	
Nat	ional Standards	You must use t	the IRS National St	andards to answ	ver the questions in	lines 6-7.		
6.	Food, clothing, and Standards, fill in the				I in line 5 and the IR	S National	\$	1,292.00
7.	Out-of-pocket healthe dollar amount for people who are 65 of higher than this IRS	r out-of-pocket healtl r olderbecause old	h care. The numbe ler people have a h	r of people is sp nigher IRS allowa	lit into two categorie ance for health car o	speople who a	re under 65 and	

Official Form 122C-2

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Page 46 of 61 William T. TORPPEY Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 2 7c. Subtotal. Multiply line 7a by line 7b. 136.00 Copy here=> \$ 136.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 142 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 Copy here=> 0.00 7g. Total. Add line 7c and line 7f 136.00 Copy total here=> 136.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 663.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 2,514.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment **Borough of Chatham** 70.06 \$ **Internal Revenue Service** \$ 83.33 Internal Revenue Service 60.00 \$ US Bank Nat'l Trust/SN Servicing 2,916.13 Сору Repeat this amount 3.129.52 3.129.52 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Сору Subtract line 9b (total average monthly payment) from line 9a (mortgage 0.00 0.00 or rent expense). If this number is less than \$0, enter \$0. here=>

Explain why:

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and

affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

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William T. TORPPEY Debtor 1 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. ☐ 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 0.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 **Describe Vehicle 1:** 13a. Ownership or leasing costs using IRS Local Standard..... 0.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment \$ Repeat this Copy amount on Total Average Monthly Payment \$ 0.00 here => -\$ line 33b. 13c. Net Vehicle 1 ownership or lease expense Copy net Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 0.00 0.00 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Copy Repeat this here amount on line Total average monthly payment 0.00 => 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

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Debtor 1 William T. TORPPEY Case number (if known)

		n addition to the expense do ne following IRS categories		listed above	, you are allowed your monthly expenses	for	
16.	self-employment taxes, social your pay for these taxes. How and subtract that number from	Il security taxes, and Medic vever, if you expect to recei in the total monthly amount	are taxes ive a tax ı	. You may ind refund, you m	d local taxes, such as income taxes, clude the monthly amount withheld from nust divide the expected refund by 12 for taxes.	\$	0.00
	Do not include real estate, sa	•				Ψ_	
17.	Involuntary deductions: The contributions, union dues, and		actions tha	at your job re	quires, such as retirement		0.00
	Do not include amounts that	are not required by your job	, such as	voluntary 40	1(k) contributions or payroll savings.	\$	0.00
18.	filing together, include payme	ents that you make for your life insurance on your depe	spouse's	term life insu	e insurance. If two married people are arance. I spouse's life insurance, or for any form	\$	0.00
19.	Court-ordered payments: T				by the order of a court or		
	administrative agency, such a Do not include payments on				You will list these obligations in line 35.	\$	0.00
20.	Education: The total monthly				•		
	as a condition for your job	, or					
	for your physically or men	tally challenged dependent	child if no	o public educ	ation is available for similar services.	\$	0.00
21.	Childcare: The total monthly	amount that you pay for ch	nildcare, s	uch as babys	sitting, daycare, nursery, and preschool.		_
	Do not include payments for	any elementary or seconda	ry school	education.		\$	0.00
22.		and welfare of you or your	depende	nts and that is	amount that you pay for health care s not reimbursed by insurance or paid al entered in line 7.		
	Payments for health insurance	e or health savings accoun	ts should	be listed only	y in line 25.	\$	0.00
23.	for you and your dependents phone service, to the extent income, if it is not reimbursed Do not include payments for	, such as pagers, call waitin necessary for your health an I by your employer. basic home telephone, inte	ng, caller ind welfare	identification, e or that of you	you pay for telecommunication services special long distance, or business cell our dependents or for the production of rvice. Do not include self-employment you previously deducted.	+\$	0.00
24.	Add all of the expenses allowed lines 6 through 23.	owed under the IRS exper	nse allow	ances.		\$	2,091.00
		·	eductions	allowed by th		\$	2,091.00
Add	Add lines 6 through 23. litional Expense Deductions Health insurance, disability	These are additional de Note: Do not include ar	eductions ny expens ny ivings ac	allowed by the se allowances count expen		·	2,091.00
Add	Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance.	These are additional de Note: Do not include ar	eductions ny expens ny ivings ac	allowed by the se allowances count expen	s listed in lines 6-24. ses. The monthly expenses for health	·	2,091.00
Add	Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability your dependents.	These are additional de Note: Do not include ar	eductions ny expens vings ac unts that	allowed by the se allowances count expensare reasonab	s listed in lines 6-24. ses. The monthly expenses for health	·	2,091.00
Add	Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance	These are additional de Note: Do not include ar insurance, and health sa e, and health savings accord	eductions ny expens vings ac unts that	allowed by the se allowances count expensare reasonab	s listed in lines 6-24. ses. The monthly expenses for health	·	2,091.00
Add	Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance	These are additional de Note: Do not include ar insurance, and health sa e, and health savings accord	eductions ny expens vings ac unts that \$ \$	allowed by the allowances count expensare reasonab 0.00 0.00	s listed in lines 6-24. ses. The monthly expenses for health	·	2,091.00
Add	Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account	These are additional de Note: Do not include are insurance, and health sa e, and health savings accord	eductions ny expens avings ac unts that \$	allowed by the se allowances count expensare reasonab 0.00 0.00 0.00	s listed in lines 6-24. ISES. The monthly expenses for health ly necessary for yourself, your spouse, o	r	
Add	Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to	These are additional de Note: Do not include are insurance, and health sa e, and health savings accord	eductions ny expens avings ac unts that \$	allowed by the se allowances count expensare reasonab 0.00 0.00 0.00	s listed in lines 6-24. ISES. The monthly expenses for health ly necessary for yourself, your spouse, o	r	
Add	Add lines 6 through 23. litional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to No. How much do you Yes Continued contributions to continue to pay for the reaso	These are additional de Note: Do not include ar insurance, and health sa e, and health savings accordant to the care of household or nable and necessary care af your immediate family who	sylvings accurate that \$ \$ \$ \$ \$ \$ family notes that a continuous	allowed by the se allowances count expensare reasonabe 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	c actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may	r	
25.	Add lines 6 through 23. Ilitional Expense Deductions Health insurance, disability insurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to No. How much do you yes Continued contributions to continue to pay for the reason your household or member of include contributions to an active protection against family visions in the contribution of the cont	These are additional de Note: Do not include ar insurance, and health sa e, and health savings accordant actually spend? The care of household or nable and necessary care at your immediate family who count of a qualified ABLE piolence. The reasonably necessary care and the count of a qualified ABLE piolence.	syings acunts that \$ \$ \$ \$ \$ family mand suppoor is unable program.	allowed by the se allowances count expensare reasonabes 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	c actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may	r\$	0.00

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	William T. TORPPEY	Cas	e number (if known)			
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insurance	and operating expense	s on		
	If you believe that you have home energy c 8, then fill in the excess amount of home er	osts that are more than the home energy cost ergy costs	ts included in expenses	on line		
	You must give your case trustee documents amount claimed is reasonable and necessary	ation of your actual expenses, and you must s ry.	show that the additional		\$	0.00
		ren who are younger than 18. The monthly pendent children who are younger than 18 ye				
	You must give your case trustee documental claimed is reasonable and necessary and r	ation of your actual expenses, and you must ϵ ot already accounted for in lines 6-23.	explain why the amount			
	* Subject to adjustment on 4/01/22, and ever	ery 3 years after that for cases begun on or af	ter the date of adjustme	nt.	\$	0.00
		ne monthly amount by which your actual food allowances in the IRS National Standards. To in the IRS National Standards.				
		ional allowance, go online using the link speci o be available at the bankruptcy clerk's office				
	You must show that the additional amount of	claimed is reasonable and necessary.			\$	0.00
	Continuing charitable contributions. The instruments to a religious or charitable orga	amount that you will continue to contribute in nization. 11 U.S.C. § 548(d)(3) and (4).	the form of cash or fina	ncial		
	Do not include any amount more than 15%	of your gross monthly income.			\$	0.00
	Add all of the additional expense deduct Add lines 25 through 31.	ions.			\$	0.00
	uctions for Debt Payment					
	·	in manager, that was awa including barns	martagas vahiala			
	pans, and other secured debt, fill in lines	in property that you own, including home i 33a through 33e.	mortgages, venicle			
	o calculate the total average monthly paym reditor in the 60 months after you file for bar	ent, add all amounts that are contractually dunkruptcy. Then divide by 60.	e to each secured			
	Mortgages on your home				Average paymen	monthly
33a.	Copy line 9b here			=>	\$	3,129.52
	Loans on your first two vehicles				-	<u> </u>
33b.	Carry line 40h hana			=>	\$	0.00
	Conviling 12g hors				Ψ	
33c.	Copy line 13e here			=>	Φ	0.00
33d.	List other secured debts:					
Name	e of each creditor for other secured debt	Identify property that secures the debt	Does paymoinclude taxe or insurance	es		
			□ No			
	-NONE-		☐ Yes		\$	
					Ψ	
			□ No			
			☐ Yes		\$	
					-	
			<u></u>		•	
				+	\$	
				Сору		

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ebtor 1 Wil	Iliam T. TORPPEY			Case n	umber (<i>if known</i>)		
	y debts that you listed in lir er property necessary for yo						
■ No.	Go to line 35.						
☐ Yes	s. State any amount that you listed in line 33, to keep po Next, divide by 60 and fill	ossession of your propert					
Name of th	ne creditor	Identify property that s	ecures the deb	t To	otal cure amount	Monthly	
-NONE-				\$		÷ 60 = \$	
35. Do vo u	ı owe any priority claims - s	such as a priority tay ch	aild support	Total \$	0.00	Copy total here=> \$	0.00
are pas	st due as of the filing date of						
■ No.		all of those priority oldings	Do not includ	o ourront or			
L res	 Fill in the total amount of a ongoing priority claims, su 			e current or			
	Total amount of all past-	-		\$	0.00	÷60 \$	0.00
36. Project	ted monthly Chapter 13 pla			\$			
Office of the Execution To find a	t multiplier for your district as of the United States Courts (for ecutive Office for United State a list of district multipliers that incle e instructions for this form. This lis	or districts in Alabama an es Trustees (for all other oudes your district, go online o	d North Caroli listricts). using the link sp	na) or by X ecified in the		-	
Averag	e monthly administrative expe	ense			\$	Copy total here=> \$	
	all of the deductions for deb nes 33e through 36.	ot payment.				\$	3,129.52
Total Dedu	uctions from Income						
38. Add all	of the allowed deductions						
Copy expen	line 24, All of the expenses a	llowed under IRS	\$	2,091.00			
Сору	line 32, All of the additional e	xpense deductions	\$	0.00			
Copy	line 37, All of the deductions	for debt payment	+\$	3,129.52			
Total	deductions		\$	5.220.52	Copy total here=		5.220.52

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btor 1	William T. 7	ORPPEY			Cas	e num	nber (if known)		
art 2:	Determine	Your Disposable I	ncome Under 11 U.S.C. § 13	25(b)(2)				
			come from line 14 of Form y Income and Calculation o					\$	9,633.33
ch dis red	nildren. The mosability paymen ceived in accor	nthly average of ar	y come you receive for supp y child support payments, fos shild, reported in Part I of For le nonbankruptcy law to the shild.	ster ca m 1220	re payments, or C-1, that you	\$;0	.00	
em in	nployer withhel 11 U.S.C. § 54	d from wages as co	ctions. The monthly total of a ntributions for qualified retirer ired repayments of loans fron	nent p	lans, as specified	\$	s0	.00	
42. To	tal of all dedu	ctions allowed un	der 11 U.S.C. § 707(b)(2)(A).	Сору	line 38 here ==	> \$	5,220	.52	
ex the	penses and yo eir expenses. Y	u have no reasonat	es. If special circumstances jude alternative, describe the space trustee a detailed explanar the expenses.	oeciál (circumstances an	d			
Descr	ibe the specia	l circumstances			Amount of expe	ense			
				\$					
				 \$			_		
				\$			_		
						Co	- ору		
			Total	\$	0.00	- 1	re=> \$	0.00	
44. To	otal adjustmen	ts. Add lines 40 thr	ough 43.		=>	<u> </u>	5,220.52	Copy here=> -\$	5,220.52
45. C a	•	nonthly disposable	e income under § 1325(b)(2)	. Subt	ract line 44 from I	ine 3	99.	\$	4,412.81
46. Ch ha tim yo	nange in incon live changed or ne your case wi ou filed your pet	ne or expenses. If are virtually certain Il be open, fill in the ition, check 122C-1	the income in Form 122C-1 of to change after the date you information below. For examin the first column, enter line ease occurred, and fill in the	filed yo ple, if t 2 in th	our bankruptcy pe the wages reporte e second column	etitior ed inc , exp	n and during the creased after		
					Date of change		Increase or	Amount of	change
Form	Line	Reason for cha	inge				decrease?		

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Debtor 1	William T. TORPPEY	Case number (if known)	
Part 4:	Sign Below		
E	By signing here, under penalty of perjury you declare that the info	mation on this statement and in any attachments is true and correct.	
-	/s/ William T. TORPPEY William T. TORPPEY Signature of Debtor 1		
	February 11, 2022 MM / DD / YYYY		

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

	Chapter 7:	Liquidation	
	\$245	filing fee	
	\$78	administrative fee	
:	+ \$15	trustee surcharge	
	\$338	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
_	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Page 57 of 61 Document UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY Caption in Compliance with D.N.J. LBR 9004-1(b) JOHN A. LIPOWSKI, ESQ. (JAL-5713) 60 Washington St. PO Box 204 Morristown, NJ 07963-0204 973-540-9127 jal1001@aol.com **William T. TORPPEY** In Re: Case No.: Chapter: 13 Judge: DISCLOSURE OF CHAPTER 13 DEBTOR'S ATTORNEY COMPENSATION Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the attorney for the debtor(s) and 1. that compensation was paid to me within one year before the filed date of the petition, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in connection with this bankruptcy case is as follows: Under D.N.J. LBR 2016-5(b), I have agreed to accept for all legal services required to confirm a plan, subject to the exclusions listed below, including administrative services that may occur postconfirmation, a flat fee in the amount of \$ 4,700.00 . I understand that I must demonstrate that additional services were unforeseeable at the time of the filing of this disclosure if I seek additional compensation and reimbursement of necessary expenses. Legal services on behalf of the debtor in connection with the following are not included in the flat fee: Representation of the debtor in: • adversary proceedings, loss mitigation/loan modification efforts, post-confirmation filings and matters brought before the Court. I have received: \$ 4,700.00 The balance due is: \$ 0.00 The balance \square will \square will not be paid through the plan. Under D.N.J. LBR 2016-5(c), I have agreed to accept for legal services provided on behalf of the debtor in this case, an hourly fee of \$. The hourly fee charged by other members of my firm that may provide services to this client range from \$ ____ to \$ ____. I understand that I must receive the Court's approval of any fees or expenses to be paid to me in this case post petition pursuant to D.N.J. LBR 2016-1. I have received: \$ 2. The source of the funds paid to me was: ✓ Other (specify below) ☐ Debtor(s) debtor and wife

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3.	If a balance is due, the source of future compensation to be paid to me is:		
	✓ Debtor(s)	☐ Other (specify below)	
4.	I have or have not	agreed to share compensation with another person(s) unless they	are members of my law
firm. I	If I have agreed to share co	ompensation with a person(s) who is not a member of my law firm le sharing in the compensation is attached.	
prior t	r(s) as needed. If possible	that coverage counsel may appear at hearings on their behalf in li Debtor's counsel will advise Debtor(s) of the use of coverage co acknowledge that coverage counsel may not be a member of my france.	unsel for any hearings
		btor(s) Initials Debtor(s) Initials	
		OT agree that coverage counsel may appear at hearings on their ball appearances related to the Debtor(s) matter will be made by firm.	
	De	btor(s) Initials Debtor(s) Initials	
6.	The Debtor(s) have revi	ewed this Disclosure and it is consistent with the terms of the Ret	ainer Agreement.
Date:	February 11, 2022	/s/ William T. Torppey	
		William T. TORPPEY Debtor	
Date:			
		Joint Debtor	
Date:	February 11, 2022	/s/ John A. Lipowski	
		JOHN A. LIPOWSKI, ESQ. (JAL-5713)	
		Debtor's Attorney	

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United States Bankruptcy CourtDistrict of New Jersey

	District of New Jersey				
In re William T. TORPPEY		Case No.			
	Debtor(s)	Chapter	13		
VERIFICATION OF CREDITOR MATRIX					
The above-named Debtor hereby verifies th	at the attached list of creditors is true and	correct to the best	of his/her knowledge.		
Date: February 11, 2022	/s/ William T. TORPPEY William T. TORPPEY				

Signature of Debtor

Borough of Chatham 54 Fairmount Avenue Chatham, NJ 07928

Capital One Bank (USA), N.A. Attn. Bankruptcy Department PO Box 30285 Salt Lake City, UT 84130-0285

Credit One Bank PO Box 60500 City Of Industry, CA 91716-0500

Donna Torppey 172 Fairmount Avenue Chatham, NJ 07928

First Premier Bank PO Box 5147 Sioux Falls, SD 57117-5147

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

John Venutolo 25 Hughes Place Summit, NJ 07901 Monogram Credit Card Selip & Stylianou 10 Forest Avenue PO Box 914 Paramus, NJ 07653-0914

Navient PO Box 9500 Wilkes Barre, PA 18773

SN Servicing Corporation 325 Fifth Street Eureka, CA 95501

Unifund CCR Partners Ragan & Ragan 3100 Route 138 West Belmar, NJ 07719

US Bank Nat'l Trust/SN Servicing Attn. Friedman Vartolo, LLP 85 Broad Street, Suite 501 New York, NY 10004